



FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1215-0188
Expires 07-31-2004

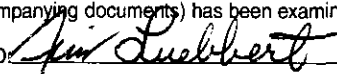
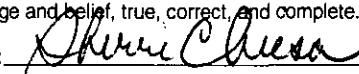
**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	1. FILE NUMBER 514-448	2. PERIOD COVERED MO DAY YEAR From 01 01 2002 Through 12 31 2002	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	8. MAILING ADDRESS (Type or print in capital letters.) First Name TIM Last Name LUEBBERT P.O. Box • Building and Room Number (if any) Number and Street City State ZIP Code + 4		
4. AFFILIATION OR ORGANIZATION NAME JOHN MARTIN (2) 514-448 HOTEL EMPL, RESTAURANT EMPL AFL-CIO 310 LU 16 400 N E JEFFERSON RM 209 PEORIA, IL 61603 12/2002 			
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number #16	John Martin - HEREU State Organizer

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)			
76. SIGNED:  03 11 19 103 (314) 890-0250 Date Telephone Number	TRUSTEE (If other title, see instructions.)	77. SIGNED:  1 1 () - Date Telephone Number	TREASURER (If other title, see instructions.)

John W. Wilkerson, Pres.

During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions?

Yes No
X

11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?

X

12. Have a political action committee (PAC) fund?

X

13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?

X

14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?

X

15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.)

X

16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan?

X

17. Liquidate or reduce any liabilities without disbursement of cash?

X

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period?

387

19. What is the date of your organization's next regular election of officers?

MO YEAR

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$

500000

21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees

(a) Regular Dues/Fees \$ 29.90 per month
(Month, Year, etc.)

(b) Initiation Fees \$ 42.90

(c) Transfer Fees \$.25

(d) Work Permits \$ 30% gross per month
(Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

Yes No
X

23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period?

X

24. Did your organization have any contingent liabilities at the end of the reporting period?

X

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 514-448

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
ASSETS	25. Cash.....		7124	12290
	26. Accounts Receivable.....		0	0
	27. Loans Receivable.....	1	0	0
	28. U.S. Treasury Securities		0	0
	29. Investments	2	18750	18750
	30. Fixed Assets	5	6127	5032
	31. Other Assets	3	2000	0
	32. TOTAL ASSETS		34001	36072
LIABILITIES	33. Accounts Payable.....		8133	365
	34. Loans Payable.....	8	0	0
	35. Mortgages Payable		0	0
	36. Other Liabilities	4	2284	825
	37. TOTAL LIABILITIES		10417	1190
	38. NET ASSETS (Item 32 less Item 37)		23584	34882

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 514-448

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues		132497	56. To Officers	9	16531
40. Per Capita Tax		0	57. To Employees	10	17670
41. Fees		8694	58. Per Capita Tax		62779
42. Fines		0	59. Fees, Fines, Assessments, etc.		0
43. Assessments		0	60. Office & Administrative Expense	13	27629
44. Work Permits		16285	61. Educational & Publicity Expense ...		3986
45. Sale of Supplies		0	62. Professional Fees		1083
46. Interest		19	63. Benefits	11	2934
47. Dividends		0	64. Contributions, Gifts & Grants	12	868
48. Rents		0	65. Supplies for Resale		0
49. Sale of Investments & Fixed Assets	6	0	66. Direct Taxes		3285
50. Loans Obtained	8	0	67. Withholding Taxes		10328
51. Repayments of Loans Made	1	0	68. Purchase of Investments & Fixed Assets	7	0
52. On Behalf of Affiliates for Transmittal to Them		0	69. Loans Made	1	0
53. From Members for Disbursement on Their Behalf		0	70. Repayment of Loans Obtained	8	0
54. Other Receipts	14	3576	71. To Affiliates of Funds Collected on Their Behalf		523
			72. On Behalf of Individual Members ...		0
			73. Other Disbursements	15	2156
55. TOTAL RECEIPTS		161071	74. TOTAL DISBURSEMENTS		149772

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 514-448

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____	N/A				
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in <div style="display: flex; justify-content: space-between; width: 100%;"> <div> ↑ Item 27 Column (A) </div> <div> ↑ Item 69 </div> <div> ↑ Item 51 </div> <div> ↑ Item 75 with Explanation </div> <div> ↑ Item 27 Column (B) </div> </div>					

SCHEDULE 2 — INVESTMENTS
(OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 514-448

SCHEDULE 3 — OTHER ASSETS

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) Peoria Labor Temple Bond	18,750
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	
18750	
Enter the Total from Line 7 in Item 29, Column (B)	

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. Payroll Taxes	825
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
825	
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 514-448

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	5908	4575	1333	
7. Other Fixed Assets	16572	12873	3699	
8. Totals of Lines 1 through 7			5032	
Enter the Total from Line 8, Column (D) in Item 30, Column (B)				


SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
		7. Less Reinvestments		
		8. Net Sales		
Enter the Total from Line 8 in Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS






FILE NUMBER: 514-448

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
		7. Less Reinvestments	
		8. Net Purchases	0

Enter the Total from Line 8 in  Item 68

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0				0

Enter the Totals from Line 6 in  Item 34  Item 50  Item 70  Item 75  Item 34

Column (C) with Explanation Column (D)

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 514-448

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*					
1. Last Name: VOEGELE First Name: WENDY Title: PRESIDENT Status: P		1490	40	62		1592
2. Last Name: MARTIN First Name: JOHN Title: SEC-TREASURER Status: P		16604		676		17280
3. Last Name: BURR First Name: SYLVIA Title: VICE-PRESIDENT Status: P			220			220
4. Last Name: DUNIVAN First Name: JUDY Title: EXECUTIVE BOARD Status: P			100			100
5. Last Name: STROYECK First Name: FREIDA Title: EXECUTIVE BOARD Status: P			220			220
6. Last Name: BROOKS First Name: LATISHA Title: EXECUTIVE BOARD Status: P			60	316		376
7. Last Name: JOHNSON First Name: SHERRY Title: LOCAL #16 TRUSTEE CHAIR Status: P			140			140
8. Totals from additional pages (if any)				2059		2059
9. Totals of Lines 1 through 8		18094	780	3113		21987
				10. Less Deductions		5456
Enter the Total from Line 11 in Item 56 ➡				11. Net Disbursements		16531

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 514-448

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
1. ROYER SHARON Position OFFICE MANAGER Name of Affiliated Organization		22970		95		23065
2.						
3.						
4.						
5.						
6. Totals from additional pages (if any)						
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates						
8. Totals of Lines 1 through 7		22970		95		23065
				9. Less Deductions 5395		
Enter the Total from Line 10 in..... Item 57 ➡				10. Net Disbursements 17670		

SCHEDULE 11 — BENEFITS

FILE NUMBER: 514-448

Description (A)	To Whom Paid (B)	Amount (C)
1. STAFF PENSION	HEREIN PENSION FUND	2934
2.		
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		2934
Enter the Total from Line 6		Item 63


SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Charities	690
2. Member Assistance	50
3. Memorial	128
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	868
Enter the Total from Line 8 in Item 64	


SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Telephone	2463
Printing - Postage	3164
2. Supplies - Gen	1607
Staff Insurance	3034
3. Dues Refunds	1140
Authorized Dues	576
4. General Insurance	1095
Steward Program	1401
5. Lease - Office	12149
Equipment Repair	843
6. Negotiation	157
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	27629
Enter the Total from Line 8 in Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. Clerical Reimbursement	3576
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	3576
Enter the Total from Line 17 in  Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. Depreciation	1096
2. Organizing Expense	1060
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	2156
Enter the Total from Line 17 in  Item 73	

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: 514-448

PAGE 1 OF 1 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>	(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: LUEBBERT First Name: TIM	INT'L UNION TRUSTEE	N					0
Last Name: RIDLEY First Name: STEVE	INT'L UNION ASST. TRUSTEE	N			2059		2059
Last Name: NEWLUN First Name: SUE	LOCAL #16 TRUSTEE	P					0
Last Name: _____ First Name: _____	Title: _____	Status: _____					
Last Name: _____ First Name: _____	Title: _____	Status: _____					
Last Name: _____ First Name: _____	Title: _____	Status: _____					
Last Name: _____ First Name: _____	Title: _____	Status: _____					
Last Name: _____ First Name: _____	Title: _____	Status: _____					
Totals					2059		2059

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Totals						